

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15K023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HELP AT HOME SKILLED CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>6640 PARKDALE PLACE STE K INDIANAPOLIS, IN 46254</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	<p>INITIAL COMMENTS</p> <p>This was a home health federal complaint investigation.</p> <p>Complaint # IN00152703: Unsubstantiated: Lack of sufficient evidence.</p> <p>Survey dates were January 5-9, 2015</p> <p>Facility number 004966</p> <p>Medicaid number 200465840</p> <p>Surveyor: Michelle Weiss RN MSN Public Health Nurse Surveyor</p> <p>Census Unduplicated last 12 months: 705</p> <p>The Help at Home Agency is in compliance with the Conditions of Participation 42 CFR 484.10: Patient Rights, 484.18 Plan of Care, and 484.30 Skilled Nursing services as related to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 15, 2015</p>	G 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.